

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7047

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>22</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> NICKNAME	FIRST <b>RAÚL</b> LAST <b>GONZÁLEZ</b>	MI <b>A</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 40263 Austin, TX 78704</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 912-9509</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b> NICKNAME	FIRST <b>CECILA</b> LAST <b>CROSSLEY</b>	MI  SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3100 CATALINA ; Austin, TX 78741</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 444-0956</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>7 / 01 / 08</b> THROUGH    Month Day Year <b>12 / 31 / 08</b>		
11 ELECTION	ELECTION DATE Month Day Year 		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Justice of the Peace</b>		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <b>N/A</b> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME**RAÚL A. GONZÁLEZ**16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME**N/A**COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 910

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7650**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

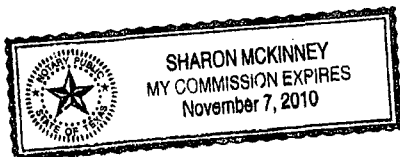
4. TOTAL POLITICAL EXPENDITURES

\$ 3791.26**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4102.22**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Raul Gonzalez, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sharon McKinney

Printed name of officer administering oath

Adm Asst #

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/29/08

5 Full name of contributor

☐ out-of-state PAC (ID#)

TRICK FREEMAN

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

811 BARTON SPRINGS RD, STE 740  
AUSTIN TX 78704-1163

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/31/08

Full name of contributor

☐ out-of-state PAC (ID#)

PAUL RUIZ

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

309 CUMBERLAND RD  
AUSTIN, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

JOE CREWS

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

701 BAAZOS STE 900  
AUSTIN, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

SHIRLEY BEEZLEY

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

104 TURLEY DR.  
MANHACA, TX 78652-6826

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of contributor

☐ out-of-state PAC (ID#)

GAVIN VILLAREAL

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3310 THOUSAND OAKS COVE  
AUSTIN TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/4/08

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN RIVAS

6 Contributor address; City; State; Zip Code

1601 E. 5<sup>TH</sup> ST. STE. 101  
AUSTIN, TX 78702

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/4/08

Full name of contributor

☐ out-of-state PAC (ID#:

RUDY COLMENERO

Contributor address; City; State; Zip Code

700 LAVACA ST. # 607  
AUSTIN, TX 78701

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of contributor

☐ out-of-state PAC (ID#:

WAYNE HARTMAN

Contributor address; City; State; Zip Code

12881 PARK DR.  
AUSTIN, TX 78732

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

AUSTIN TEJANO DEMOCRATS

Contributor address; City; State; Zip Code

2544 STOUTWOOD CIR.  
AUSTIN, TX 78745

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

MARK HULL

Contributor address; City; State; Zip Code

NO. 203 - 6001 W. PARMER STE. 370  
AUSTIN, TX 78727

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LAW OFFICE OF MARK HULL

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/6/08

5 Full name of contributor

☐ out-of-state PAC (ID#:

GREG VALDESPINO

6 Contributor address; City; State; Zip Code

700 E. 11<sup>th</sup> St. STE 105  
Austin TX 78701

7 Amount of  
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

CARLOS MARTINEZ

Contributor address; City; State; Zip Code

1705 GRAYWOOD  
Austin TX 78704

Amount of  
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

DIANE HEUIDER-BROWN

Contributor address; City; State; Zip Code

104 TURLEY DR.  
MANCITACA, TX 78652

Amount of  
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

RAÚL AND HERLINDA GONZÁLEZ

Contributor address; City; State; Zip Code

2302 BERRY HILL CIR  
Austin TX 78745

Amount of  
contribution (\$)

140

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor

☐ out-of-state PAC (ID#:

MADGE VASQUEZ

Contributor address; City; State; Zip Code

8522 BIRMINGHAM DR.  
Austin TX 78748

Amount of  
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/6/08

5 Full name of contributor ☐ out-of-state PAC (ID#:

JOHN ZAVALA

6 Contributor address; City; State; Zip Code

P.O. Box 19457  
AUSTIN TX 78708

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/6/08

Full name of contributor ☐ out-of-state PAC (ID#:

ARTHUR TROILLO

Contributor address; City; State; Zip Code

700 E. 11TH STE. 103  
AUSTIN, TX 78701

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LAW OFFICE OF ARTHUR TROILLO

Date

8/6/08

Full name of contributor ☐ out-of-state PAC (ID#:

CHARLES WEBB

Contributor address; City; State; Zip Code

2901 FM 620 NORTH  
AUSTIN, TX 78734

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor ☐ out-of-state PAC (ID#:

CLARK THOMAS AND WINTERS, PC

Contributor address; City; State; Zip Code

P.O. Box 1148  
AUSTIN, TX 78767

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/08

Full name of contributor ☐ out-of-state PAC (ID#:

CHARLIE BAIRD

Contributor address; City; State; Zip Code

P.O. Box 1242  
AUSTIN TX 78767

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/19/08

5 Full name of contributor ☐ out-of-state PAC (ID#:

TOM SELLERS

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1122 COLORADO STE. 2301  
AUSTIN, TX 78701

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/20/08

Full name of contributor ☐ out-of-state PAC (ID#:

LEO AND JEAN KANE

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3515 HARLINGTON DR.  
RICHARDSON, TX 75082

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/08

Full name of contributor ☐ out-of-state PAC (ID#:

RODOLFO A. GONZÁLEZ

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2310 BASTROP ST.  
HOUSTON, TX 77004

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

NASA

Date

9/1/08

Full name of contributor ☐ out-of-state PAC (ID#:

ATTICUS MACIAS

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2998 RYNDELL PL.  
AUSTIN TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/08

Full name of contributor ☐ out-of-state PAC (ID#:

RUBEN RODRIGUEZ SR.

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

328 HEARTWOOD DR STE. 101  
AUSTIN TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

TRAIL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/08

5 Full name of contributor ☐ out-of-state PAC (ID#:

ARMANDO ESTRADA

6 Contributor address; City; State; Zip Code

2001 TREDE DR. STE. 101  
AUSTIN TX 78745

7 Amount of  
contribution (\$)

250

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/4/08

Full name of contributor ☐ out-of-state PAC (ID#:

ADAM HAMDAM

Contributor address; City; State; Zip Code

6214 E. RIVERSIDE DR.  
AUSTIN TX 78741

Amount of  
contribution (\$)

150

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/08

Full name of contributor ☐ out-of-state PAC (ID#:

PAUL MEISLER

Contributor address; City; State; Zip Code

P.O. BOX 162886  
AUSTIN TX 78716

Amount of  
contribution (\$)

500

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

PIONEER PROPERTY MGMT.

Date

9/7/08

Full name of contributor ☐ out-of-state PAC (ID#:

CHARLES O. GRIGSON

Contributor address; City; State; Zip Code

604 W. 12TH ST.  
AUSTIN TX 78701

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/08

Full name of contributor ☐ out-of-state PAC (ID#:

AARON MUELLER

Contributor address; City; State; Zip Code

605 WEST 10TH ST.  
AUSTIN, TX 78701

Amount of  
contribution (\$)

250

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/11/08

5 Full name of contributor

☐ out-of-state PAC (ID#:

JEREMY LEVINE

6 Contributor address; City; State; Zip Code

1505 W. 6<sup>TH</sup> ST.

AUSTIN TX 78703

7 Amount of  
contribution (\$)

250

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/12/08

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL D. MARIN

Contributor address; City; State; Zip Code

2801 VIA FORTUNA STE. 100

AUSTIN, TX 78746

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/08

Full name of contributor

☐ out-of-state PAC (ID#:

RAY BONILLA

Contributor address; City; State; Zip Code

P.O. BOX 165001

AUSTIN TX 78716

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/08

Full name of contributor

☐ out-of-state PAC (ID#:

JASON SNELL

Contributor address; City; State; Zip Code

818 W. 10<sup>TH</sup> ST.

AUSTIN, TX 78701

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/08

Full name of contributor

☐ out-of-state PAC (ID#:

AMBER VASQUEZ-BODE

Contributor address; City; State; Zip Code

1604 WEST AVE

AUSTIN, TX 78701

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

RAUL A. GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/08

5 Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM T. ROACH

6 Contributor address; City; State; Zip Code

9304 WESTMINSTER GLEN AVE.  
AUSTIN, TX 78730

7 Amount of  
contribution (\$)

100

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/20/08

Full name of contributor

☐ out-of-state PAC (ID#:

LAURA BARBERENA

Contributor address; City; State; Zip Code

8314 DAWNWOOD DR.  
SAN ANTONIO, TX 78250

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

POSTCARD DESIGN,  
PRODUCTION, AND  
CONSULTING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

1

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$ 1,200

5 Date

8/4/08

6 Full name of pledgor ☐ out-of-state PAC (ID#:

RAMIRO CANALES

7 Pledgor address; City; State; Zip Code

P.O. Box 49646

Austin TX 78765

8 Amount of pledge (\$)

250

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

8/4/08

Full name of pledgor ☐ out-of-state PAC (ID#:

JR GONZALES

Pledgor address; City; State; Zip Code

313 SHANT

Austin TX 78748

Amount of pledge (\$)

100

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of pledgor ☐ out-of-state PAC (ID#:

GONZALO BARRIENTOS

Pledgor address; City; State; Zip Code

2906 GEM CIRCLE

Austin TX 78704

Amount of pledge (\$)

100

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of pledgor ☐ out-of-state PAC (ID#:

MICHAEL CASIAS

Pledgor address; City; State; Zip Code

P.O. Box 1901

Austin, TX 78767

Amount of pledge (\$)

250

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/08

Full name of pledgor ☐ out-of-state PAC (ID#:

ADAM LOEWY

Pledgor address; City; State; Zip Code

401 CONGRESS AVE. STE. 1540

Austin, TX 78701

Amount of pledge (\$)

500

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

BARRY AND LOEWY, LLP

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ NONE

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

N/A

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/21/08

5 Payee name

OFFICE DEPOT

6 Payee address; City; State; Zip Code

7 Amount (\$)

53.76

8 Purpose of payment (See instructions regarding type of information required.)

MAILING LABELS, FOLDERS, CD/DVD

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

9/4/08

Payee name

USPS

Payee address; City; State; Zip Code

SOUTH CONGRESS STATION

AUSTIN TX 78704

Amount (\$)

187.20

Purpose of payment (See instructions regarding type of information required.)

POSTAGE - POSTCARDS, THANK YOU LETTERS, P.O. BOX RENTAL

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

7/21/08

Payee name

AMERICAN PRINTING AND MAILING

Payee address; City; State; Zip Code

1606 HEADWAY CIR

AUSTIN TX 78754

Amount (\$)

494.42

Purpose of payment (See instructions regarding type of information required.)

POSTCARDS FOR FUNDRAISER

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

8/7/08

Payee name

SOLYLA LUNA

Payee address; City; State; Zip Code

1224 S. CONGRESS AVE

AUSTIN TX 78704

Amount (\$)

250

Purpose of payment (See instructions regarding type of information required.)

LOCATION/FOOD FOR FUNDRAISER

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/13/08

5 Payee name

SYLVIA CAMARILLO

6 Payee address; City; State; Zip Code

P.O. Box 9632

Austin, TX 78766

7 Amount (\$)

500

8 Purpose of payment (See instructions regarding type of information required.)

FUNDRAISING CONSULTANT, EMAIL  
CREATION, EVENT COORDINATION  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

8/20/08

Payee name

AFL CIO

Payee address; City; State; Zip Code

1106 LAVACA ST

Austin TX 78701

Amount (\$)

145

Purpose of payment (See instructions regarding type of information required.)

LABOR DAY AD

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

9/13/08

Payee name

TRAVIS County Democratic Party

Payee address; City; State; Zip Code

1311 E. 6th St

Austin TX 78701

Amount (\$)

1,500

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

8/26/08

Payee name

CAPITAL AREA DEMOCRATIC WOMEN

Payee address; City; State; Zip Code

P.O. Box 12962

Austin TX 78711

Amount (\$)

100

Purpose of payment (See instructions regarding type of information required.)

FUNDRAISER SPONSORSHIP

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/08

5 Payee name

NATIONAL WOMEN'S POLITICAL CAUCUS

6 Payee address; City; State; Zip Code

P.O. Box 163

Austin TX 78767

7 Amount (\$)

175

8 Purpose of payment (See instructions regarding type of information required.)

GOODGUYS/GALS FUNDRAISING EVENT

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/31/08

Payee name

HISPANIC BAR ASSOCIATION

Payee address; City; State; Zip Code

P.O. Box 12692

Austin TX 78711

Amount (\$)

125

Purpose of payment (See instructions regarding type of information required.)

HISPANIC HERITAGE LUNCHEON SPONSOR

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

12/08/08

Payee name

AUSTIN WOMEN'S POLITICAL CAUCUS

Payee address; City; State; Zip Code

P.O. Box 12383

Austin TX 78711

Amount (\$)

65

Purpose of payment (See instructions regarding type of information required.)

MEMBERSHIP DUES

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8/12/08

Payee name

SOUTH AUSTIN DEMOCRATS

Payee address; City; State; Zip Code

P.O. Box 152592

Austin TX 78715

Amount (\$)

60

Purpose of payment (See instructions regarding type of information required.)

YELLOW DAWG SPONSORSHIP AND DUES

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

RAUL A. GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/30/08

5 Payee name

RAUL A. GONZALEZ

6 Payee address; City; State; Zip Code

P.O. Box 40263

Austin TX 78704

7 Amount (\$)

814.50

8 Purpose of payment (See instructions regarding type of information required.)

7/1/08 - 12/9/08

REIMBURSEMENTS FOR EXPENSES FROM  
(If travel outside of Texas, complete Schedule T) PERSONAL FUNDS

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

RAUL A. GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SOL Y LA LUNA

6 Payee address; City; State; Zip Code

1224 S. CONGRESS AVE.

AUSTIN TX 78704

7 Purpose of expenditure (See instructions regarding type of information required.)

BREAKFAST MTG W/ CONSULTANT

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

16.50

☒ Reimbursement from political contributions intended

Date

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

LABELS, FOLDER, CD/DVD, OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

Amount (\$)

53.76

☒ Reimbursement from political contributions intended

Date

Payee name

AMERICAN PRINTING

Payee address; City; State; Zip Code

1606 HEADWAY CIR

AUSTIN TX 78754

Purpose of expenditure (See instructions regarding type of information required.)

PRINTING OF FUNDRAISER POSTCARDS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

494.42

☒ Reimbursement from political contributions intended

Date

Payee name

USPS

Payee address; City; State; Zip Code

SOUTH CONGRESS STATION

AUSTIN TX 78704

Purpose of expenditure (See instructions regarding type of information required.)

POSTAGE FOR POSTCARDS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

124.20

☒ Reimbursement from political contributions intended

Date

Payee name

BRICK OVEN

Payee address; City; State; Zip Code

RED RIVER

Purpose of expenditure (See instructions regarding type of information required.)

DINNER MEETING W/CONSULTANT AND LABELING POSTCARDS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

36.75

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/5/08

5 Payee name

OFFICE MAX

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES LABELS/NAMETAGS

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

10.80

☒ Reimbursement from political contributions intended

Date

8/5/08

Payee name

CVS PHARMACY

Payee address; City; State; Zip Code

CONGRESS AVE.

AUSTIN TX 78745

Purpose of expenditure (See instructions regarding type of information required.)

POSTER BOARD

(If travel outside of Texas, complete Schedule T)

Amount (\$)

1.07

☒ Reimbursement from political contributions intended

Date

9/4/08

Payee name

FED. EX KINKOS

Payee address; City; State; Zip Code

CONGRESS AVE.

AUSTIN TX 78701

Purpose of expenditure (See instructions regarding type of information required.)

PRINTING OF THANK YOU LETTERS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

50

☒ Reimbursement from political contributions intended

Date

9/4/08

Payee name

WALMART

Payee address; City; State; Zip Code

BENWHITE BLVD

AUSTIN TX 78704

Purpose of expenditure (See instructions regarding type of information required.)

ENVELOPES

(If travel outside of Texas, complete Schedule T)

Amount (\$)

6.96

☒ Reimbursement from political contributions intended

Date

12/9/08

Payee name

GO DADDY.COM

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

RENEW DOMAIN NAME

(If travel outside of Texas, complete Schedule T)

Amount (\$)

20.04

☒ Reimbursement from political contributions intended

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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

NONE

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

8 Amount (\$)

6 Payee address; City; State; Zip Code

NONE

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

N/A

8 Amount (\$)

6 Payor address; City; State; Zip Code

NONE

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>	
2 FILER NAME <u>RAÚL A. GONZÁLEZ</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NONE</u>			
5 Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
6 Dates of travel		7 Name of person(s) traveling	
		8 Departure city or name of departure location	
		9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			